

# Mississippi PROFILE

A Publication of the Mississippi Department of Mental Health WINTER/SPRING 2015

## NAVIGATE PROGRAM TO PROVIDE SERVICES TO YOUNG ADULTS

A new team-based approach to serving teenagers and young adults in their communities is on its way to bringing continued hope and recovery to those young people in need of mental health services.

Together with Region 6 Life Help Community Mental Health Center, the Department of Mental Health has launched a Mississippi branch of NAVIGATE, a program in which multidisciplinary teams provide mental health services to teenagers and young adults who have just had their first experience with serious mental illness.

“Region 6 has had a PACT team (Program of Assertive Community Treatment team) for a while now, and the disciplines represented on the PACT team are very similar to the disciplines in the Coordinated Specialty Care teams used by NAVIGATE,” said Sandra Parks, Director of the Division of Children and Youth for the Department of Mental Health. “The PACT team members will be using a portion of their time for this program. The National Institute of Mental Health has studied programs throughout the states over the last several years to see which ones are evidence-based, and NAVIGATE is one of these programs. It’s been proven to be successful where it has been used.”

While similar to PACT teams, there are some key differences. Both programs

include multidisciplinary, recovery-oriented teams and meet individuals face-to-face in their own communities.

However, PACT teams focus on individuals who have serious mental illnesses but have experienced difficulty staying in recovery on their own in the community. NAVIGATE has a specific focus on young people, with Mississippi’s program specifically focused on those aged 15 to 30-years-old who have just had their initial experiences with psychosis. Services are delivered by groups of mental health professionals working together called Coordinated Specialty Care teams.

Research has shown that the first signs of psychotic disorders, such as schizophrenia, occur between the ages of 15-25 years, and approximately 100,000 young people in the United States experience their first episode of psychosis each year. These situations can represent challenges for the young people, of course, but also for their families and potential treatment providers, who may be refused in their attempts to provide help.

The Coordinated Specialty Care teams can provide early intervention and recovery-oriented services that have been shown to improve outcomes in youth and young adults who are at risk for serious mental illness.

“The idea is that the members of the PACT team will serve as the needed representatives on the Coordinated Specialty Care team, which includes a team leader, a master’s level therapist, a representative who specializes in supported employment and education, a community support specialist, a Certified Peer Support Specialist and a physician, psychiatrist or nurse practitioner,” Parks said.

The Certified Peer Support Specialist will have experience in family education and support, and will be a vital part of the team. A CPSS is an individual or the family member of an individual who is living in recovery from a mental illness, and can provide a significant example of how successful, productive lives are possible despite a diagnosis of a mental illness.

Region 6 was an ideal partner for NAVIGATE because it is the largest of the state’s Community Mental Health Centers and because youth and young adults ages 15-24 make up 15.1 percent of the population in that area. Region 6 also has both an adult and a children’s MAP team, or Multi-disciplinary Assessment and Planning teams. MAP teams include members from various agencies who meet regularly to divert individuals from unnecessary hospitalizations.

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**MISSISSIPPI PROFILE  
WINTER/SPRING 2015**

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The Mississippi Profile is devoted to providing the public with information about services provided or administered by the Mississippi Department of Mental Health. It also strives to increase public awareness and knowledge about mental illness, intellectual/developmental disabilities, substance use, and Alzheimer's disease and other dementia to improve health and quality of life.

This publication is free of charge to persons interested in mental health, intellectual and developmental disabilities, substance use, Alzheimer's disease and other dementia, the Mississippi Department of Mental Health, or the individuals it serves. It is the policy of the Mississippi Department of Mental Health to comply with federal and state laws assuring equal opportunities of employment and services.

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## EXECUTIVE DIRECTOR'S MESSAGE

Welcome to the Winter/Spring issue of Mississippi Profile. It's a new year, and the Department of Mental Health is looking ahead at all of the opportunities this year is presenting us. We are committed to continuing our transformation to a person-centered and recovery-oriented system of care. You can read about several of our efforts to continue that transformation in this issue.



Some initiatives we began in the past year have experienced great success over the past 12 months. All of the 14 Community Mental Health Centers now have Mobile Crisis Response Teams. These teams give them the capability to respond to individuals in the community and provide vital services to individuals in need. Another program, called NAVIGATE, recently launched and is focused specifically on providing services for young people in the community. We look forward to expanding services like these.

The DETECT clinic has recently opened at Hudspeth Regional Center. This program seeks to train doctors and medical professionals who will be working with individuals with intellectual and developmental disabilities as they transition to their communities, and this clinic is a helpful tool in that preparation. You can also see in this issue that March is Intellectual and Developmental Disabilities Month. I would like to invite everyone to the Capitol on March 24 from 8:30 to 11:30 a.m. in recognition of this month as we seek to increase our state's knowledge and awareness of IDD.

We have been fortunate to have the support of many elected officials as we have sought to expand this availability of community-based services and supports. We will continue to ask for their support, and we ask for your support as well.

Thank you for reading and, more importantly, thank you for helping us provide a better tomorrow to the individuals we serve.

Sincerely,

Diana S. Mikula,  
Executive Director

## THE MISSISSIPPI BOARD OF MENTAL HEALTH WELCOMES TWO NEW MEMBERS, DR. JOHN MONTGOMERY AND MS. TERESA MOSLEY

*The Board of Mental Health is composed of nine members appointed by the Governor of Mississippi and confirmed by the State Senate. Members' terms are staggered to ensure continuity of quality care and professional oversight of services. By statute, the nine-member board is composed of a physician, a psychiatrist, a clinical psychologist, a social worker with experience in the field of mental health, and one citizen representative from each of Mississippi's five congressional districts (as existed in 1974).*



**JOHN MONTGOMERY, D.O.** is the Medical Director for Behavioral Health at Singing River Health Systems in Jackson County. He also works as a consulting psychiatrist with law enforcement in Hancock, Pearl River, and Jackson Counties, and has a private forensic practice. Prior to moving to Ocean Springs, he worked at Mississippi State Hospital from 2003 until 2011. During that time, he served as a Service Chief, Interim Clinical Director, and a Forensic Psychiatrist. He earned his Doctor of Osteopathic Medicine at Nova Southeastern University College of Osteopathic Medicine in Florida. He went on to complete a residency in general psychiatry at Southwestern Medical Center in Dallas and trained as a Charles E. Steinberg Fellow in Psychiatry and the Law at the University of Rochester Medical Center in New York.

He is board certified in general and forensic psychiatry with the American Board of Psychiatry and Neurology. Dr. Montgomery is an active member of the American Psychiatric Association, Mississippi Psychiatric Association, American Academy of Psychiatry and the Law, and the Academy of Psychosomatic Medicine.

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**TERESA MOSLEY** is a resident of Clinton and the owner of TRM Educational Consulting, Inc. She currently serves as the lead psychometrist at the Mississippi College Dyslexia Education and Evaluation. She has also completed work for the Mississippi Department of Education in the offices of Curriculum and Instruction and School Improvement, as well numerous school districts in the state of Mississippi. She graduated from the University of Southern Mississippi with a Bachelor of Science degree in Special Education and a minor in psychology. After 10 years of teaching experience, she obtained her Master of Education in Psychometry from Mississippi College.



On June 13, 2006, Ms. Mosely's 15 ½ year old daughter, Elisabeth, took her own life after struggling with anxiety and depression. Since that time, suicide awareness and prevention have been a primary focus in her life. she has traveled the state conducting professional development training in suicide awareness and prevention, social and emotional needs of gifted children, and best practices in assessment and speaking to adolescents as often as possible. Teresa is married to Ken Mosley, and they have a daughter, Emily, who is a senior at Clinton High School and will attend the University of Alabama in the fall.



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Parks and others who are serving on the NAVIGATE team attended a training in October as they were preparing to launch the program.

“It was an intensive training that first of all described the philosophy behind the NAVIGATE program,” Parks said. “They went over what the first episode of psychosis is like for young people and the potential diagnoses that may follow that episode. Team members were also trained on what appropriate referrals would be for those people who are young and haven’t received mental health services before.

“This is not for youth who have had behavioral issues or who have ADHD. It’s for youth who are experiencing the symptoms of psychosis, and the idea is to intervene early and quickly to get them the supports and services they need, so they know how to manage it and a second experience with psychosis can be prevented.”

The NAVIGATE team is developing brochures and outreach materials now, and should start operating in January. The teams will be a true community-based service, able to meet together and with those they’re serving in the environment preferred by those individuals, whether it’s a home, a library, a church or Region 6 itself.

Many of the early referrals will likely come from Region 6 until more awareness spreads, but the team will accept referrals from anyone – teachers, family members, ministers, counselors and others. Once someone has been referred, team members will meet to determine the best course of treatment, whether it is medication, therapy or other recovery supports, and will continue to meet each week while that individual is receiving services.


Region 6 will be acting as a pilot site for NAVIGATE, but the hope is to expand it to other PACT teams in the

state and ultimately to other regions that are not operating a PACT teams yet. Hopefully, there will be separate PACT teams as well as Coordinated Specialty Care teams, with each serving their own distinct groups of individuals.


“Services and supports for someone who is younger, say 15-years-old or even 20-years-old, and still living with their parents are going to be different from a more independent young adult, say a

25-year-old,” Parks said.

“For us, this is a new program and we’ve learned a lot already,” Parks said. “We’ve had to become more familiar with the first episode of psychosis and what that looks like. It will be a learning process, but I’m always excited to have a new evidence-based practice introduced in Mississippi. This program provides the flexibility for us to tailor it to our needs.”



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**HOSTED BY:** Mississippi Department of Mental Health,  
Bureau of Alcohol & Drug Services

# DETECT Prepares Community-Based Healthcare for IDD Individuals Statewide



*Pictured are (l to r) DETECT Clinical Director Dr. Craig Escude, Hudspeth Regional Center Director Mike Harris, DMH Executive Director Diana Mikula, Board of Mental Health Chairman Dr. Sampat Shivangi and Board of Mental Health member Dr. James Herzog*

The Developmental Evaluation, Training and Educational Consultative Team (DETECT) of Mississippi held its grand opening on Thursday, November 13, marking the introduction of a new program designed to improve the health of those with intellectual and developmental disabilities (IDD) statewide.

Located on the campus of Hudspeth Regional Center, DETECT provides educational opportunities, hands-on training and patient consultations to healthcare providers throughout Mississippi.

DETECT is funded by a grant from the Centers for Medicare and Medicaid Services (CMS) and administered by the Mississippi Division of Medicaid. The innovative program is managed under the guidance of the Mississippi Department of Mental Health.

“Title II of the Americans with Disabilities Act requires states to make community housing available for individuals with intellectual and developmental disabilities instead of only providing housing in an inpatient setting,” said

Dr. Craig Escude, DETECT Clinical Director.

“These individuals depend on local community-based healthcare professionals to provide their medical care just like any other community member.”

Mississippi is taking the necessary steps to manage the orderly transition of IDD individuals to community homes as mandated by the U.S. Department of Justice.

However, many healthcare providers have received little training in caring for specific medical issues this group faces. Very little support or resources exist to assist with care, especially for adults with IDD.

It is vital for Mississippi physicians, dentists, nurse practitioners and other healthcare providers to be informed and prepared as they work to meet the uniquely different needs of this special group of patients.

“Our program is easy to access. There are multiple options for tapping into the specific resources,” Escudé said. “DETECT team members are also available to give



presentations on specific healthcare issues for those with IDD, a choice that's already proven to be beneficial to several professional associations."

DETECT's program offerings include in-office consultations or via Telemedicine, supported through University of Mississippi Medical Center for Telehealth, phone support, referral services, and evaluations at the main clinic at Hudsouth Regional Center.

DETECT also has two satellite locations, one at North Mississippi Regional Center and another at Ellisville State School. CME programs and web-based resources (at [www.detectms.com](http://www.detectms.com)) and discussions are available in addition to training via in-office consultation through DETECT's traveling consultative team or Telemedicine.

DETECT's role is consultative only and referrals to DETECT are made through a patient's primary care provider or community support team, Escudé said. Reports and recommendations are sent to the referrer.

Healthcare for those served by DETECT will be billed in the same manner that any other medical or dental procedure is billed. However, the goal is to serve and support the healthcare providers in the state. DETECT intends to provide its services in ways that are not cost prohibitive to those they serve.

"The idea is not to create a segregated clinic for individuals with intellectual or developmental disabilities, but to grow and support the entire healthcare community to meet the medical and dental health needs of all, including those with IDD," Escudé said.

"DETECT looks forward to working with Mississippi's healthcare community as we move to increase the availability of capable, competent and compassionate community-based healthcare for IDD patients."

For more information, visit [www.detectms.com](http://www.detectms.com), call 601-664-2333 or email [info@detectms.com](mailto:info@detectms.com). DETECT is located at 100 Hudsouth Center Drive, Whitfield, MS 39193.

## OXFORD HOUSES OFFER SELF-SUPPORTING HOMES FOR RECOVERY



*Pictured are (front row, l to r) Oxford House residents Erica, Jo, Kern, Sherry, (back row, l to r) Mike Martindale and Chris. Oxford Houses are self-supported, sober environments for individuals in recovery from drug and alcohol use.*

Oxford House, Inc. has begun operating a central Mississippi chapter in the Jackson area, providing a series of democratically-operated, self-supporting homes that are drug and alcohol-free environments for individuals in need of a place to stay.

An Oxford House is a concept in recovery in which a group of individuals live together to support each other's efforts to live sober lives and their recoveries from addiction. There are now 12 Oxford Houses in Mississippi, with five of those in the Jackson area and the remaining seven in the coastal regions of Biloxi and Gulfport. The Department of Mental Health is providing funding to help launch these homes.

"This is a stable, consistent, sober environment, and it's where we live. It's our home," said Kern, a resident of one of the Oxford Houses in the central Mississippi chapter. "It's definitely very different from some homes I've been in the past. It's been very helpful, and it allows me to know that, with our world changing so much, I have a stable home and a sober place to live."

Mike Martindale is the Outreach Worker for the Jackson area. He educates addiction professionals and spreads word about the houses to those in need of a safe and sober place to live, and he's able to do that from his own personal experiences; he is in recovery from addiction as well.

"I was actually in a treatment center, and some people came in and gave a presentation about Oxford House, and I thought 'What have I got to lose,'" he said. "I've been with them ever since."

That was in his native Tulsa, Oklahoma. He came to Mississippi last year to help start the central Mississippi chapter. First founded in 1975, the Oxford House model can now be found in nearly every state in the United States, including nearly 400 cities, and has spread across the world. The name comes from the Oxford Group, a religious group that influenced Alcoholics Anonymous.

Houses begin with a charter from Oxford House, Inc. This charter makes it a part of the Oxford House network, provides it with tax-exempt status, and assures support and education for operating a self-sufficient house. Outreach workers like Martindale work to get the house up and running and identify the initial residents.

The houses they look for are always rental houses in nice neighborhoods, and a revolving loan fund provides up to \$4,000 to start each new charter and train and supervise those outreach workers. Once a charter is operating, residents interview the applicants and, just as with all other house business, vote on admitting each individual. Those charters also pay back the loan used to start the charters.

When there are at least three houses in an area, that area is designated as a chapter. Each chapter also has its own bank account and can, if needed, contribute to an individual house's needs. Representatives from all of the houses in a chapter will meet together once a month to discuss any issues or offer support and suggestions to each other's charters.

All Oxford Houses are democratically-run, self-sufficient operations. Residents have to have a job within two weeks of admission to the house, they pay a weekly rent, and everyone has their own roles and responsibilities. Residents hold a meeting each week to discuss house business, and all residents have a vote in those matters.

Residents do provide their own clothes, bedding and food, and they also hold positions similar to what may be found on a board of directors. Each house has a president, a secretary, a comptroller and a treasurer. There are guidelines regarding curfew, visitation, and behavior, and residents also have regular chore assignments to take care of household duties. Residents must attend at least five 12-step meetings every week.

There is one other essential aspect of an Oxford House – there is a zero tolerance policy for any kind of relapse. Someone who is discovered to be using alcohol again will be asked to

drugs or leave within 15 minutes. There are not, however, any restrictions on how long someone may stay in an Oxford House. Residents can stay as short as a few weeks or as long as years. The average stay in an Oxford House is 18 months.

Among residents who stay that average, there has been an 87 percent success rate in those individuals remaining clean, sober and avoiding a relapse. Oxford Houses have become listed by the Substance Abuse and Mental Health Service Administration as an evidence-based practice. Residents said there is a reason there is such a high success rate.

"For me, it's been a safe place to go, and it holds me accountable. It's 24-hour accountability, which is something I need, and there's a lot of fellowship. All the guys there, I've become friends with them," said Chris, an Oxford House resident who has lived there since November. "I didn't have anywhere to go when I got out of treatment, but this offers accountability and fellowship and friendship, and it's been a great place."

**"It's a totally different environment than anything I've experienced before. It's not a halfway house, and it's not treatment. It's life."**

An Oxford House isn't just a house, said one resident. It's a home.

"Finally, for once in your life, you're not on the outside looking in," said Jo, a resident in one of the Jackson houses. "We have a major advantage over other people going through this. We have somebody around us 24-7, and that's a major advantage. It's so nice to be somewhere you can talk about anything, and the people you're with know exactly what you're going through."

They acknowledged that it can be difficult living with several other roommates – each house typically has six residents – but they all agree that the upsides outweigh the downsides.

"I actually left. I was only gone about 10 days, but I knew I wasn't going to make it," Jo said. "It's a totally different environment than anything I've experienced before. It's not a halfway house, and it's not treatment. It's life. Nothing's put on hold. We're back in the business of living."

And they're not just back in the business of living. They're in the business of healthy living. Chris said he had been in treatment programs before and was drinking again the day after he left them. But since he left a treatment program late last year and moved into an Oxford House, he's had the support and the environment to stop drinking.

"Three months is the longest I've been sober in a long time," he said.

He and his fellow Oxford House residents aren't just sober, they're living normal lives. They have jobs and are staying steady in their recovery. Kern said that for him, it's the little things that make all the difference. If he needs to run to the store to pick up a can of shaving cream, he can do that with no problem. It's a big change from just a few months ago.

"Good things are happening to me more quickly than I ever thought they would," he said.

## MOBILE CRISIS RESPONSE TEAMS EXPANDING ACROSS MISSISSIPPI

After being implemented last year, Mississippi's Mobile Crisis Response Teams have had a successful first year, expanding the availability of

community mental health services across the state and ensuring Mississippians can receive the help they need.



Mobile Crisis Response Teams, or M-CeRTs, are groups of mental health professionals who deliver recovery-oriented behavioral health assessments and crisis stabilization at the location where an individual is experiencing a crisis.

"Teams have a minimum of a master's-level mental health therapist, a case management or community support specialist, and a Certified Peer Support Specialist," said Andrew Day, Director of the DMH Division of Adult and Crisis Response Services. "The great thing with the Peer Support Specialist is that if they have been through a crisis, they can talk to that person they're seeing and let them know what's happening, talk them through things and really make a big difference."

Prior to the teams' inception, response to mental health crises varied by Community Mental Health Center (CMHC). Mississippi has 14 CMHCs that act as the primary providers of community mental health services, but not all offer the same level of services. For crisis response, some had mobile teams, while others had contracts with local hospitals to set aside beds in case of emergencies and some may have had crisis respite beds at the centers themselves.

"Some CMHCs would have contracts with emergency rooms, but there wasn't a mobile team concept across the state," Day said. "We developed these crisis teams so they could be exactly what we wanted, and all the CMHCs applied for and received the funds to implement these teams."

"One of the things we require with the grant that funds these teams is that if someone has been discharged from a state

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behavioral health program, or if the team has seen someone face-to-face, they follow along with that person until they get into their regular appointment at the CMHC.”

That’s another vital role the Certified Peer Support Specialists play in the M-CeRTs – they keep in regular contact with the individuals they’ve served regarding everything from follow-ups appointments to even providing rides to appointments if they’re needed. Once a face-to-face contact has been made, the M-CeRT is required to make an appointment for that individual’s follow-up care within 24 hours. They will then make daily contact with those individuals until they’ve had their actual appointments. Those appointments could be with the CMHC or with another private provider, but the crisis teams ensure there is a continuity of care in place.

Without mobile crisis intervention, someone experiencing a mental health crisis may end up in a hospital, inpatient psychiatric program, a holding facility or even a jail. The goal of M-CeRTs is to respond to that person’s needs in a timely manner and prevent them from receiving treatment in a more restrictive environment.

Because of the very nature of this work – going into crisis situations, possibly at all hours of the day or night and at any location – the teams work closely with law enforcement when there is a need. The teams also work with chancery judges and chancery clerks, as well as Crisis Stabilization Units, to ensure individuals are receiving the services

most appropriate for them.

There is undeniably a need for these services. From January through September of 2014, there were 14,108 emergency calls and contacts made with the 14 Community Mental Health Centers. Of those, 4,344 required face-to-face contact. Even more than that, 4,478 crisis calls, were from individuals who

**These teams will hopefully prevent hospitalizations and the need for inpatient treatment.**

were not already receiving services from a CMHC.

“There is a publicized, toll-free number in each CMHC region. Sometimes the crisis can be handled over the phone, but if there is someone talking about suicide or having other major issues, they can call law enforcement and other team members and meet the person,” Day said.

The regions are set up differently, but they do all have a crisis coordinator who initially handles calls as they come in. Depending on the region, its members may be full-time staff or acting as on-call personnel. Another common aspect across all of the CMHCs mobile crisis response

capabilities now is the development of Adult Making A Plan (A-MAP) teams, which was another requirement of the grant funding.

“The main function of A-MAP is to try and develop local services for those people who are seen in crisis multiple times,” Day said. “Someone returning to a Crisis Stabilization Unit or an inpatient program every few months is not good, so the A-MAP teams can develop a crisis support plan to prevent that from happening and come up with more ways to keep someone out of crisis.”

Even in situations where an individual is seriously ill and eventually does require inpatient services, the M-CeRTs have proven incredibly valuable. One recent example is a woman who was in need of crisis services. She had a physical issue that required immediate treatment as well, but the symptoms of her mental illness made it difficult to receive treatment at a hospital, which discharged her.

Members of M-CeRTs helped treat her at her home until the family was able to get her service in an inpatient program, where she received medical and behavioral health care.

“If we would not have had the mobile crisis team, she probably would have stayed isolated in her house and gotten very, very sick from her physical health issues,” Day said. “So in this case, this individual did go on to an inpatient program, but these teams prevent people from having to go into those programs all the time.”

One common challenge in behavioral

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health care is that when someone in a crisis is taken to a local emergency room, staff members there are often facing life-and-death physical health issues or may not have the level of training required for a mental health crisis. The M-CeRTs have agreements with many of their local hospitals, and are providing some training to the nursing and medical staff members there on how to handle a behavioral health crisis. They can also be called in to deal with those emergencies, freeing up the ER staff to handle the other emergencies coming into the hospitals.

“These teams will hopefully prevent hospitalizations and the need for inpatient treatment,” Day said.

Rita Berthay, Chief Operating Officer for Region 3 Lifecore Health Group, said the local police have been instrumental in the development of their crisis services. As of December, they had trained 101 officers in mental health first aid, and expect to have 35 more, the entire Tupelo Police Department, trained by the end of this year.

“To have them come in on their days off shows how important it is,” Berthay said. “They recognize the need for this, know it’s there, and have been willing to participate.”

She said it has been remarkable to see their crisis response service develop. The use of Certified Peer Support Specialists, she said, has been wonderful and has especially helped to stay in touch with the individuals in need of services.

“It has really cut down on people who may not have shown up for appointments and has cut down on the need for people to return to state hospitals,” Berthay said. “It has been quite remarkable to watch this whole process and see the recovery that is being made.”

## Gov. Bryant Recognizes Crisis Intervention Teams



*Lauderdale County Chief Deputy Sheriff Ward Calhoun presents Gov. Phil Bryant with a pin making him an honorary member of the Crisis Intervention Team at a press conference naming February as Crisis Intervention Team Awareness Month.*

Mississippi Governor Phil Bryant recognized Crisis Intervention Teams last month in a press conference hosted by NAMI on the steps of the Mississippi Capitol.

Attending the recognition event were members of Meridian’s Crisis Intervention Team, as well as members of the National Alliance on Mental Illness, representatives from Community Mental Health Centers and employees with the Department of Mental Health. Crisis Intervention Teams (CIT) are designed specifically to avoid that exact scenario. A CIT is a partnership involving law enforcement officers, behavioral health professionals and others.

Officers who have received crisis intervention training respond to individuals experiencing a mental health crisis and divert them to an appropriate setting to provide treatment, ensuring they are not arrested and taken to jail due to the symptoms of their illness.

“It is ever important that we not lose sight of the effects of mental illness on our families, on our children, on our parents, and on our

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loved ones,” Gov. Bryant said.

“If we were about to arrest someone because they were diabetic or had a heart problem or other physical challenge, you would think how horrible that is, how ridiculous that might be, but here we are, continuing to do that to those who suffer with a mental illness.

“We’re about to change that.”

During 2015-2017, DMH is able to offer through a federal grant CIT training for up to 40 officers a year at no cost to law enforcement agencies. The training will be conducted by members of the Lauderdale County Sheriff’s Department.

Crisis Intervention Teams are a nationally-recognized

best practice, and officers who have received CIT training have been recognized as having the understanding and skills needed to resolve crisis situations.

Lauderdale County Chief Deputy Ward Calhoun has seen the CIT he’s a part of have great success.

“There are times when someone in a mental health crisis may be acting in ways that can seem suspicious to officers and others who don’t understand that behavior could be the symptom of a serious illness,” Calhoun said. “There’s more to being a law enforcement officer than just arresting people, and this CIT training provides the tools to truly assist people in getting the help they need.”

## IDD DAY AT THE CAPITOL IS MARCH 24

Join the Mississippi Department of Mental Health in celebrating March as Intellectual and Developmental Disabilities (IDD) Awareness Month at the annual IDD “Day at the Capitol” on March 24 from 8:30 a.m. until 11:30 a.m. at the State Capitol. The goal of the event is to increase the public’s knowledge and awareness of individuals with Intellectual and Developmental Disabilities and how they participate and contribute to their communities.



Service providers will be available at the event to provide additional information. Twelve providers will be asked to participate by setting up a display showcasing the services they provide.

Intellectual and developmental disabilities cover a broad range of often-misunderstood characteristics.

An intellectual disability is characterized by limitations in intellectual functioning and difficulties in a variety of everyday social and practical skills. A developmental disability is attributed to a cognitive or physical impairment that results in limitations in areas such as self-care, language, and mobility.

More than 41,000 fellow Mississippians are affected by intellectual and developmental disabilities.

“We and our partners want to support a better tomorrow for the individuals we serve,” said Department of Mental Health Executive Director Diana S. Mikula. “Individuals with intellectual or developmental disabilities are members of our communities, and integration into the community is an important part of a person-centered system of care.

“When we support someone’s integration into the community, no matter the challenges faced, we are making a better tomorrow not just for that person, but for our state as a whole.”



# MENTAL HEALTH ASSOCIATION OF SOUTH MISSISSIPPI OFFERS WRAP TRAINING

Mississippians living with a mental illness could soon have a new tool to help maintain their mental wellness thanks to training workshops hosted by the Mental Health Association of South Mississippi.

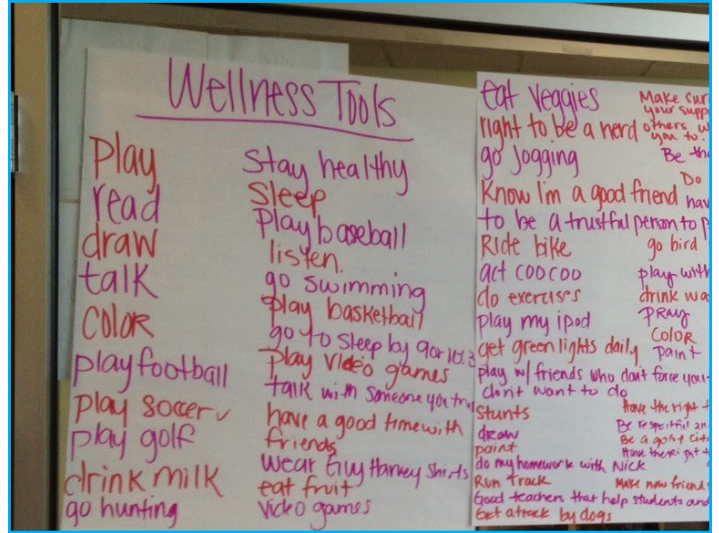
The association is available to provide workshops across the state in Wellness Recovery Action Planning, also known as WRAP. WRAP is an evidence-based practice developed by Dr. Mary Ellen Copeland, an internationally-known author and mental health advocate. Through a grant awarded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Mental Health Association of South Mississippi (MHASM) is able to facilitate WRAP training around the state.

“WRAP is an evidence-based practice developed by a group of people who experience mental health challenges,” said MHASM Executive Director Kay Daneault. “These folks learned that they can identify what makes them well, and then use their own wellness tools to relieve difficult feelings and maintain wellness. The result has been recovery and long-term stability.”

In these workshops, facilitators will teach others how to apply those same ideals to their lives, identifying conditions and things that make them unwell or help them to remain healthy, and eliminating the negative while bolstering the positive. The sessions are presented in practical, day-to-day terms, and they can also complement other treatment options that may be used by an individual.

WRAP can be used by individuals with a variety of medical conditions, not just mental illness. It can be an effective tool for individuals with conditions such as diabetes, substances use issues, trauma-related issues and even the stress resulting from changes in someone's job.

It can be used as a framework to guide interpersonal relationships, peer support, groups, agencies and even



*This list of activities was developed by young people during a WRAP training. The list is a brainstorming of things they enjoy and can make efforts to do when they begin to feel stressed or mentally unwell.*

organizations, Daneault said. The workshops offered by the Mental Health Association of South Mississippi are intended for self-care and can be used in businesses to help employees learn to handle stress better and increase productivity.

WRAP is something individuals develop for themselves with ideas explored in the group. During the training, participants will develop wellness tools, daily wellness maintenance plans, plan for crises and discuss factors that contribute to stress management.

Wellness tools are activities that someone enjoys and help them feel better. They could be activities that have been used in the past, or something someone would like to try using in the future.

Discussions also focus on how to use these tools when needed. For instance, are these tools events or activities someone would want to be doing every day, or only when particular feelings or experiences arise? They could be as simple as making sure to eat healthy, get plenty of rest or make sure not to let any daily hygiene habits slip.

During the WRAP training, participants can take part in a voluntary roundtable in which they discuss “triggers,” or those things that may negatively affect their mental health. Once again, these can sometimes be simple events, like receiving a bill or arguing with family

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members, but they may add to someone's stress level and affect their mental wellness.

They also discuss the early warning signs they may display when their mental wellness begins to decline. It may be more expressions of anxiety or grouching for some people, or it may be more reckless behavior or social isolation for others.

Participants in WRAP courses can take all of this information – this “Wellness Toolbox” – they have developed, and share it with others in their life. This way, their friends, family members, coworkers and others of their choosing have information to recognize the signs when someone needs more help and support, and the best ways to provide that support to that specific person.

“Facilitators were certified through a week long intense training by the Mary Ellen Copeland Center. Working in pairs, facilitators can tailor a session to a half, full or two day WRAP,” Daneault said. “The sessions are open to the general public, and have been a great resource for psychosocial rehabilitation centers, businesses and other groups.”

Sessions can also be tailored to focus specifically on addictions, trauma and abuse, WRAP for veterans, and even to discuss WRAP in the workplace.

The WRAP workshops also offer continuing education units for the following disciplines: Mental Health Therapist (DMH), IDD Therapist (DMH), DMH Administrator (DMH), Case Management (DMH), Addiction Counseling (DMH), Social Worker (NASW) and Counselor/LPC (NBCC).

The Mental Health Association of South MS (MHASM) is a non-profit 501c3 organization that has been in existence since 1963. Other programs it offers include a drop-in center, homeless outreach and supportive housing, peer support and educational opportunities.

To schedule or participate in a WRAP, contact Kay Daneault, [kay@msmentalhealth.org](mailto:kay@msmentalhealth.org) or Melody Worsham, [melody@msmentalhealth.org](mailto:melody@msmentalhealth.org) or call 228-864-6274. For more information, please visit <http://www.mentalhealthrecovery.com/wrap/>.

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## 2014 MHIDD AWARDS

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This past October, professionals from across the state gathered for the annual MH/IDD conference. While conference attendees attended breakout sessions and seminars regarding a variety of topics, they also recognized several individuals for being leaders in their respective fields.

### **BRADLEY A. SANDERS SERVICE AWARD**

The Bradley A. Sanders Service Award honors a person who has made outstanding contributions in the field of behavioral healthcare management in Mississippi. The award is named for Mr. Bradley Sanders, who worked in state government for more than thirty years, much of it in the field of mental health services.



*Pictured are (l to r) Bradley Sanders and Matt Nalker.*



The recipient of the 2014 Bradley A. Sanders Service Award is Mr. Matt Nalker. Nalker is the Executive Director of The Arc of Mississippi, a grassroots advocacy organization for citizens of all ages with cognitive, intellectual, and developmental disabilities, and their families. He is also currently serving as a board member for the Boswell Friends and Family organization.

### **PAUL D. COTTEN LEADERSHIP AWARD**

The Paul D. Cotten Leadership Award is presented to a Mississippian who has demonstrated exemplary leadership in the field of services for persons with intellectual and developmental disabilities. The award recipient is selected from the membership of the Mississippi Chapter of the American Association on Intellectual and Developmental Disabilities based upon nominations from the members. The award is named for Paul D. Cotten, Ph.D. Dr. Cotten is a noted pioneer in the provision of services to persons with intellectual and developmental disabilities in Mississippi.

The recipient of the 2014 Paul D. Cotten Leadership Award is Mr. Steven Allen. Allen is the Director of Boswell Regional Center. He began his career at East Mississippi State Hospital, and he transferred to Boswell Regional Center in 1993, where he has held various positions, including Vocational Training Instructor, Support Technician, Physical Plant Director, Bureau Director of Support Services, and Assistant Program Director.



*Pictured are (l to r) DMH Executive Director Diana S. Mikula, Steven Allen and DMH Deputy Director Matt Armstrong.*

### **KINLOCH GILL MEMORIAL AWARD**

The Kinloch Gill Memorial Award is bestowed upon a person who exemplifies a commitment to excellence in the field of community mental health and intellectual and developmental disability services. The award is named in memory of Dr. Kinloch Gill. Dr. Gill was a leader among the founding generation of professionals who established the community mental health system in Mississippi.

The recipient of the 2014 Kinloch Gill Memorial Award is Ms. Lisa Diane Bryant. Bryant is the Bureau Director of Autism Services at Boswell Regional Center. She began her career with the Department of Mental Health as an academic teacher at East Mississippi State Hospital in 1989, later transferring to Mississippi State Hospital. She moved to Boswell Regional Center in 1994, and has advanced since then, holding positions as Director of Staff Development and Quality Assurance, Director of Program Services, and Director of Support Services.



*Pictured are (l to r) MSH Assistant Director Kelly Breland, Lisa Bryant, and Boswell Regional Center Director Steven Allen.*

### **JAMES C. STUBBS VOLUNTEER AWARD**

The James C. Stubbs Volunteer Award honors a person who has demonstrated a continuing interest and effort in providing volunteer and advocacy services to citizens of Mississippi with mental health needs and/or mental retardation. The award is named in memory of Mr. James "Jimmy" Carlton Stubbs. Mr. Stubbs' career in mental health began in 1950, when he served as staff assistant for the Board of Trustees of Mental Institutions, the state's predecessor to the Mississippi Department of Mental Health.



The recipient of the 2014 James C. Stubbs Service Award is Ms. Lori G. Dickerson. Dickerson has been a member of Friends of North Mississippi State Hospital for 10 years. During that time, she has served on the board and as president, and has participated in fundraisers, Christmas activities, and special events of all kinds. Leading and participating in these activities give her an opportunity to lend an encouraging word to the individuals served at North Mississippi State Hospital by saying, "I've been where you are. You can recover."

### **ALBERT RANDEL HENDRIX**



*Pictured are (l to r) MSH Assistant Director Kelly Breland, Lori Dickerson, and NMSH Director Dr. Paul Callens.*

### **LEADERSHIP AWARD**

The Albert Randel Hendrix Leadership Award is presented to a Mississippian who has demonstrated exemplary leadership in the field of services for persons with mental illness and/or intellectual and developmental disabilities. The award recipient is selected from the Mental Health/Mental Retardation Council.

This award is named in memory of Dr. Albert Randel Hendrix. Dr. Hendrix began his professional career with the Department of Mental Health at Ellisville State School in 1971. He served as Executive Director of the Department of Mental Health from 1986 until 2007 when he retired.

The recipient of the 2014 Albert Randel Hendrix Leadership Award is Dr. Paul A. Callens. Callens is the Director of North Mississippi State Hospital. He began his career with the Mississippi Department of Mental Health in 1991, when he joined the staff of Mississippi State Hospital as an Associate Psychologist. In 1994 he joined the Central Office staff and was eventually one

of the first individuals to be chosen for the intensive Administrator in Training program. Upon completion, he moved to North Mississippi State Hospital as Assistant Director, and was named Director in 1999.



*Pictured are (l to r) DMH Executive Director Diana Mikula, NMSH Director, Dr. Paul Callens and DMH Deputy Director Matt Armstrong.*

### **COMMISSIONER'S SERVICE AWARD**

The Commissioners' Service Award has been established to recognize a local mental health commissioner or member of the State Board of Mental Health who demonstrates outstanding care, compassion and dedication to the clients or patients he or she serves.

The award recognizes an individual who is actively involved in not only local activities, but who also takes an active role in helping to improve services statewide. The recipient of the award is elected by other members of the Commissioners Group, which is composed of mental health commissioners from throughout Mississippi.

The recipient of the 2014 Commissioners' Service Award is Mr. Wayne Brown. Brown is the commissioner for Singing River Mental Health, Region 14, and has served in that position since 1994. Born and raised in George County, Mississippi, Mr. Brown has served others throughout his entire career. After graduating from Mississippi State University with a degree in Civil Engineering, he was employed by the Mississippi Highway Department as an engineer. He later served in the United States Air Force, and remained employed as a civil engineer with Brookley Air Force Base for five years after his military service. Mr. Brown co-founded Batson and Brown Consulting Engineers, as well as TAB Map Company. He is also director of Century Bank. In 1999,

he was elected Transportation Commissioner for the Southern District, and he served in that role until 2012.



*Pictured are (l to r) Emile Craig, Region 8 Mental Health Services, and Wayne Brown.*

## DAY SERVICES PROGRAM PROVIDES OPPORTUNITIES IN THE COMMUNITY

By Charlotte Graham, Special Projects Officer, Ellisville State School

Eric Watson has a full-schedule that keeps him on the move from 9 a.m. to 3 p.m., five days a week.

Eric is among the latest people to move from Ellisville State School into the community and he is enjoying every minute of it!

Eric participates in adult day services at Serenity Springs, a day services and pre-vocational center operated in Hattiesburg. Serenity Springs is operated by REM Mississippi, a community-based health and human services provider.

In September, Eric moved to a home operated by Brandi's Hope Community Services. Eric's move is a continuation of Ellisville State School's efforts to transition people into the community as mandated by the United States Justice Department. Rachel "Sissy" Ingram, transition coordinator at ESS, said 122 people have moved from ESS into various communities across the state.



*Eric shows off his jewelry-making skills.*

Recently, Eric was enjoying exercising and playing games on a Wii that was connected to a large screen television mounted on the wall of the facility's recreation room. A big smile was on Eric's face as he demonstrated how skillful he was with Wii. Eric was also anxious to point out his direct support professional, Elvira Rouse, who guided him through his exercise routine.

"He's a joy to work with," said Rouse, a former special education teacher. "I really enjoy what I do."

Edward Ruffin, Serenity Springs Program Coordinator, said Eric loves to stay busy. "He loves to load the dishwasher, draw and color, put beaded necklaces together, and put puzzles together," said Ruffin.

Although Eric is currently enrolled in the adult day services program only, Serenity Springs is working toward providing pre-vocational activities of Eric's choosing. Pre-vocational services include education and hands-on experiences in areas such as lawn care, woodworking, janitorial services, horticulture and vehicle care.

Ingram described Serenity Springs as an awesome place.

"I am so glad (Eric is enjoying it)," she said.

Vickie Culbreath, Serenity Springs' program director, said participants in the day services program receive specialized coaching in personal safety, independent living skills, positive relationship building, communication skills, sensory development, and healthy living.

"We get to know everyone that comes here and help them with their ISP (Individualized Service Plan)," explained Culbreath.

Depending on an individual's plan, he or she may take part in goal-driven classes or activities involving music, health and fitness, arts and crafts, computers and education, sports and teamwork, personal wellness, arts and crafts, cooking and food preparation, and community exploration.

Serenity Springs is also equipped with such conveniences as a movie theater, spa and wellness center, music room, computer center, game and leisure area and a vocational training room.